

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913635

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		★	★	★		
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
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TOTAL IND.	/		/								
TOTAL DEP.	22		12								
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS